

CITY OF MARTINSVILLE, VIRGINIA

# Application for Rezoning

**Part I** (to be completed by applicant and submitted with non-refundable fee of \$200.00) Please type or print in ink the following information:

Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Owner's Name (if different from Applicant): \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Tax Map and Lot Number: Section \_\_\_\_\_ Block \_\_\_\_\_ Lots(s) \_\_\_\_\_

Existing Land Use: \_\_\_\_\_

Proposed Land Use: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Statement in Support of proposed Rezoning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*List below the name and complete address (with zip code) of the owners of all property located adjacent to or directly across a street from the property for which the change in zoning classification is being requested:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

**Application for Rezoning**  
Additional Nearby and Adjacent Property Owners

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zoning \_\_\_\_\_

# Application for Rezoning

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I hereby apply for a rezoning for the property described herein subject to all City and State laws, ordinances and regulations. I hereby grant appropriate City officials the right to enter upon the above described property during normal business hours to conduct any inspection necessary. I hereby certify, under penalties of perjury, that the above information is true and correct.

\_\_\_\_\_  
*Signature of Applicant/Agent*

*Owner's consent if different from applicant :*

\_\_\_\_\_  
*Signature of Owner(s)*

.....

## **Part 2** *(to be completed by City)*

Date Completed Application and Fee Received: \_\_\_\_\_

Date of Planning Commission Hearing: \_\_\_\_\_ Dates of Advertisements: \_\_\_\_\_

Date of City Council Hearing: \_\_\_\_\_ Dates of Advertisements: \_\_\_\_\_

I certify that, on \_\_\_\_\_, each of the property owners adjacent to and across the street from the property affected by this request were sent by first class mail a notification of the public hearing before the Martinsville Planning Commission.

\_\_\_\_\_  
Certifying Signature of City Staff

\_\_\_\_\_  
Attest by Deputy Clerk of Circuit Court

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Recommendation by Planning Commission: \_\_\_\_\_

\_\_\_\_\_

Action by Martinsville City Council:      Date \_\_\_\_\_      Approved ☐      Denied ☐